

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/507067** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4						
5						
6						
7						
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9						
10						
11						
12						
13			1			
14			2			
15			1			
16			1			
17						
18						
19						
20			1			
21			2			
22			1			
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36						
37			3			
38			3			
39			3			
40			3			
41			3			
42			3			
43			3			
44			3			
45			3			
46			3			
47						
48						
49						
50						
TOTAL IND.					↓	
TOTAL DEP.					←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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81			1			
82			1			
83			1			
84			3			
85			3			
86			3			
87			3			
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100						
TOTAL IND.					↓	
TOTAL DEP.					←	
TOTAL CLAIMS					←	

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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150						
TOTAL IND.			5			
TOTAL DEP.			82			
TOTAL CLAIMS			876			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
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200						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						